Communicable Disease Epidemiology and Immunization Section

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www.kingcountv.gov/health

Health Alert: H1N1 (swine flu) Infections - Revised Guidelines for Reporting, Testing and Treatment, May 1, 2009

Action requested:

- This update is to notify King County healthcare providers of <u>important</u> changes in reporting and testing procedures and provide updates to current guidelines for screening, testing, infection control, and treatment of suspected and confirmed swine influenza cases.
- CHANGE IN REPORTING REQUIREMENT FOR HEALTHCARE PROVIDERS AND HOSPITALS: Public Health IS now requesting immediate reporting of only 1) patients hospitalized with acute severe respiratory disease possibly due to influenza, and 2) unexplained deaths from severe respiratory illness. Report these cases immediately to allow prompt case investigation and facilitate lab testing by calling 206-296-4774 (24/7)
- Public Health is NO LONGER requesting immediate notification of outpatients with ILI suspected to have swine influenza A.
- For outpatients with a positive rapid test for influenza A, clinicians may request testing for H1N1 swine flu through the WA Department of Health Laboratory. Immediate notification and permission is NOT required.
 Inform Public Health of these cases by fax using an H1N1 (swine flu) Test Report Form. (Exceptions may be made on a case-by-case basis for suspect cases in healthcare workers, consult with Public Health.)
- Please review the guidance below, which provides links for you to access the most current information from CDC. In some areas, local interpretation or recommendations are also provided in *italics*.
- New and updated guidelines are expected as more information becomes available. Please check the Public Health website (http://www.kingcounty.gov/healthservices/health.aspx) and the links below regularly; refresh your web browser for the latest updates.

National and international information

- National outbreak information is available at: http://www.cdc.gov/swineflu/
- The World Health Organization increased the pandemic alert level from 4 to 5 on April 29, 2009. This means that there is a new influenza virus subtype causing disease in humans, and that it is spreading easily from human to human in communities. Information from WHO is available at http://www.who.int/en/
- CDC recommends that US travelers avoid all nonessential travel to Mexico. Travel advisories are available at http://wwwn.cdc.gov/travel/

Diagnosis and testing

- Triage: Who to evaluate Public Health recommends that clinicians use their clinical judgment in deciding whom to assess for H1N1 (swine flu) infection. Evaluation is not necessarily indicated for all ill persons with suspected H1N1 (swine flu). Rather, triage should consider clinical symptoms, severity of illness and the potential for severe complications of influenza infection.
- Criteria for testing <u>Surveillance is now focusing on those with severe disease possibly due to influenza.</u> Testing is currently requested only for:
 - Unexplained deaths due to severe acute respiratory illness, respiratory failure, or pneumonia without other explanation. Contact Public Health immediately (24/7) at (206) 296-4774. These cases should be investigated as outlined in the DOH Guidance for Medical Examiners document.
 - Hospitalized patients with severe respiratory illness (i.e., fever ≥37.8°C [100°F] plus shortness of breath, hypoxia, or radiographic evidence of pneumonia). Please call Public Health immediately (24/7) at (206) 296-4774 and fax a Public Health H1N1 (swine flu) Test Report Form to (206) 296-4803. A rapid influenza test is recommended. Send a second nasopharyngeal specimen in VTM for testing for H1N1 (swine flu) at PHL.
- In addition, H1N1 (swine flu) testing may be requested for outpatients with influenza-like illness and a rapid test positive for influenza A who have at least one risk factor for H1N1 (swine flu). Testing will not be done if a rapid test is not positive for influenza A. It is not necessary to call Public Health or to obtain clearance for testing. Exceptions may be made on a case-by-case basis for suspect cases in healthcare workers, consult with Public Health. Fax a Public Health H1N1 (swine flu) Test Report form to (206) 296-4803 and obtain a second nasopharyngeal specimen for testing for H1N1 (swine flu) at PHL. Risk factors for H1N1 (swine flu) include:
 - onset of illness within 7 days of close contact with a person who is a confirmed or probable case of H1N1 (swine flu) infection, or
 - onset of illness within 7 days of travel to a community either within the United States or internationally where there are one or more confirmed or probable cases of H1N1 (swine flu) infection, or
 - resides in a community where there are one or more confirmed or probable cases
 of H1N1 (swine flu) infection. As of May 1, "communities" in Washington with one
 or more confirmed or probable cases of H1N1 (swine flu) include King, Snohomish,
 and Spokane counties.

• Specimen collection

- Collect specimens within 7 days of illness onset.
- Establish appropriate infection control precautions before obtaining specimens and use appropriate PPE (see below).
- Obtain two nasopharyngeal specimens using a synthetic (not cotton or calcium alginate) swab, place them in viral transport medium and refrigerate.
 - Note: PHL can only perform influenza PCR testing on nasopharyngeal swabs that have **NOT** been in contact with reagents that are used for other tests.
- Specimens should be shipped cold (not frozen) and must arrive at PHL within 72 hours of collection.
- Fax a Public Health H1N1 (swine flu) Test Report Form to (206) 296-4803.

 A WA DOH virology form should accompany the specimen: http://www.doh.wa.gov/EHSPHL/PHL/Forms/SerVirHIV.pdf. Ship specimens to:

Attn: PHL Virology Laboratory 1610 NE 150th Street Shoreline. WA 98155

 $\underline{\text{Note}} \colon \text{Laboratories that do influenza testing have been asked to submit all}$

influenza A-positive samples to PHL.

Infection control in health care settings

- A combination of standard, droplet, contact and airborne infection control measures are recommended (see http://www.cdc.gov/swineflu/quidance/).
- Patients with suspected or confirmed H1N1 (swine flu) infection should be placed in a single-patient room with the door kept closed. Use an airborne infection isolation room if available. For suctioning, bronchoscopy, or intubation, use a procedure room with negative pressure air handling.
- Ill patients should wear a surgical mask when outside of the patient room, wash hands frequently, and follow respiratory hygiene practices.
- Personnel providing care to or collecting clinical specimens from suspected or confirmed
 cases should use a respirator if available (or a surgical or procedure mask if a respirator is
 not available), and wear disposable non-sterile gloves, gowns, and eye protection (e.g.,
 goggles) to prevent conjunctival exposure.
- Masks and respirators: Until additional, specific information is available regarding H1N1 (swine flu), refer to the October 2006 "Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic" http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html. These interim recommendations will be updated as additional information becomes available:
 - Personnel engaged in aerosol generating activities (e.g., collection of clinical specimens, endotracheal intubation, nebulizer treatment, bronchoscopy, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) for suspected or confirmed H1N1 (swine flu) cases should wear a fit-tested disposable N95 respirator.
 - Pending clarification of transmission patterns for this virus, personnel providing direct patient care for suspected or confirmed H1N1 (swine flu) cases should wear a fit-tested disposable N95 respirator when entering the patient room.
- Persons with H1N1 (swine flu) virus infection should be considered potentially contagious for up to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until all symptoms have resolved for at least 24 hours. Children, especially younger children, and possibly persons with immune system compromise might be contagious for longer periods.
- Non-hospitalized ill persons who are a confirmed or suspected case of H1N1 (swine flu) virus infection are recommended to stay at home (voluntary isolation) during the time they are potentially contagious.

Treatment and prophylaxis

- Public Health has issued "Interim Guidelines for Antiviral Drug Use for Influenza Infection" (see attached).
- CDC recommends that clinicians consider treating any person with confirmed or suspected swine influenza with an antiviral drug. Public Health further recommends prioritizing treatment of hospitalized patients and outpatients at high risk for influenza complications. Mild illness should not be treated. Recommendations for use of antivirals may change as data on antiviral susceptibilities become available.
- Currently in King County, seasonal influenza virus is circulating at low levels. For persons
 who are severely ill, adding rimantidine or amantidine for coverage of seasonal influenza A
 (H1N1) should be considered because this strain is resistant to the neuraminidase
 inhibitors oseltamivir and zanamivir.
- CDC recommendations for antiviral treatment and prophylaxis of swine influenza, including dosing recommendations are available at http://www.cdc.gov/h1n1flu/recommendations.htm
- Dosing information is available from the CDC "Recommended Daily Dosage of Seasonal Influenza Antiviral Medications for Treatment and Chemoprophylaxis for the 2008-09 Season—United States," available at http://www.cdc.gov/flu/professionals/antivirals/dosage.htm

Resources for patients

- Interim Guidance for H1N1 Flu (swine flu): Taking Care of a Sick Person in Your Home.
 This document helps families provide safer care at home for persons with possible H1N1 (swine flu). Available at http://www.cdc.gov/h1n1flu/guidance homecare.htm
- H1N1 Flu (swine flu): Information for Concerned Parents and Caregivers. Contains information on prevention and what to do when a child is sick. Available at http://www.cdc.gov/h1n1flu/parents.htm
- The Public Health H1N1 Flu (swine flu) page (www.kingcounty.gov/health/swineflu) has links to general information as well as resources regarding school and child care.